

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street)

1133 Connecticut Avenue, NW

Suite 1100

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00411553

3. IS THIS REPORT

☐

NEW (N)

OR

☒

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

11 06

2012

in the State of

KS

5. Covering Period

M M M / D D D / Y Y Y Y Y Y

10 18

2012

through

M M M / D D D / Y Y Y Y Y Y

11 26

2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Randell K. Wexler, MD

Signature of Treasurer

Randell K. Wexler, MD

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

04 19

2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

### FEC FORM 3X

Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
10 / 18 / 2012 To: M M / D D / Y Y Y Y Y Y  
11 / 26 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2012</span>		<span style="border: 1px solid black; padding: 2px;">337366.19</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">353041.00</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">49923.32</span>	<span style="border: 1px solid black; padding: 2px;">446092.14</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">402964.32</span>	<span style="border: 1px solid black; padding: 2px;">783458.33</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">22629.48</span>	<span style="border: 1px solid black; padding: 2px;">403123.49</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">380334.84</span>	<span style="border: 1px solid black; padding: 2px;">380334.84</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	6		2	0	1	2

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

33440.64

307380.78

(ii) Unitemized .....

15761.62

130626.86

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

49202.26

438007.64

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

49202.26

438007.64

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

721.06

8084.50

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ►

49923.32

446092.14

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

49923.32

446092.14

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	714.48	7141.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	714.48	7141.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20500.00	390500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	1415.00	4660.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	1415.00	4660.00
29. Other Disbursements .....	0.00	821.50
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	22629.48	403123.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22629.48	403123.49

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	49202.26	438007.64
34. Total Contribution Refunds (from Line 28(d)) .....	1415.00	4660.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	47787.26	433347.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	714.48	7141.99
37. Offsets to Operating Expenditures (from Line 15, page 3).....	721.06	8084.50
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	-6.58	-942.51

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: F3XA  
Transaction ID :

Amended to reflect removal of incorrectly entered duplicate donation.

Form/Schedule:  
Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 65  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Patricia Park Ahlen MD**

Mailing Address 409 Spyglass Dr

City Eugene State OR Zip Code 97401-2082

FEC ID number of contributing federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 22 / 2012

Transaction ID : C1853500

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Kelly Alberda MD**

Mailing Address 1425 Gorham St

City Austin State TX Zip Code 78758-3760

FEC ID number of contributing federal political committee.

C

Name of Employer

Seton Family of Doctors

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 20 / 2012

Transaction ID : C1853210

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Kelly Alberda MD**

Mailing Address 1425 Gorham St

City Austin State TX Zip Code 78758-3760

FEC ID number of contributing federal political committee.

C

Name of Employer

Seton Family of Doctors

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 20 / 2012

Transaction ID : C1868977

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

310.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Janet R Albers MD**

Mailing Address 612 Woodbridge Rd

City  
Springfield

State  
IL

Zip Code  
62711-5666

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SIU Family Medicine Ctr

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 04 / 2012

**Transaction ID : C1861836**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Suzanne M Allen MD**

Mailing Address 2889 S Swallowtail Ln

City  
Boise

State  
ID

Zip Code  
83706-6139

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Washington School of Med

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2012

**Transaction ID : C1853502**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Brent Michael Allmon MD**

Mailing Address 143 N Concord Valley Cir

City  
The Woodlands

State  
TX

Zip Code  
77382-1390

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greater Houston Physicians Medical Ass

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 21 / 2012

**Transaction ID : C1870184**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1120.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Brian S Bacak MD**

Mailing Address 9832 Florence Pl

City

Highlands Ranch

State

CO

Zip Code

80126-3559

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Colorado

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 23 / 2012

Transaction ID : C1856714

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Jennifer Bacani McKenney MD**

Mailing Address 1525 Madison St Ste 3

City

Fredonia

State

KS

Zip Code

66736-1704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 24 / 2012

Transaction ID : C1858069

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Frederic Baker MD**

Mailing Address 32 Mark Cir

City

Holden

State

MA

Zip Code

01520-1410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UMMHC

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

610.00

Date of Receipt

11 / 05 / 2012

Transaction ID : C1888063

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

790.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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PAGE 10 OF 65

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Tom Banning**

Mailing Address Exec Vice Pres TX AFP

12012 Technology Blvd Ste 200

City

Austin

State

TX

Zip Code

78727-6207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TX AFP

Occupation

CEO-EVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2012

**Transaction ID : C1850437**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **B. David Orrin Barbe MD**

Mailing Address 120 W 16th St

City

Mountain Grove

State

MO

Zip Code

65711-1039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 12 / 2012

**Transaction ID : C1862182**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

## **c. Steve Bartz Md Bartz MD**

Mailing Address 1939 Pine Ridge Dr

City

Janesville

State

WI

Zip Code

53545-0777

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Health System

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2012

**Transaction ID : C1861165**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

495.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 11 OF 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Gordon Hugh Baustian MD**

Mailing Address 3864 Lost Valley Rd SE

City State Zip Code  
 Cedar Rapids IA 52403-2008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MCHSI

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 12 2012

**Transaction ID : C1862283**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Mikael Eugene Bedell MD**

Mailing Address PO Box 1330  
 114 Gardner Place

City State Zip Code  
 Cascade ID 83611-1330

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cascade Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2012

**Transaction ID : C1861198**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Melissa Blair Behringer MD**

Mailing Address 301 Governors Dr Sw

City State Zip Code  
 Huntsville AL 35801-5123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UAB School of Medicine/huntsville Regi

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 23 2012

**Transaction ID : C1856713**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1115.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 65

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Salvatore Bernardo Md Bernardo MD**

Mailing Address 131 Pin Oak Rd

City

Freehold

State

NJ

Zip Code

07728-9313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2012

**Transaction ID : C1857153**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Salvatore Bernardo Md Bernardo MD**

Mailing Address 131 Pin Oak Rd

City

Freehold

State

NJ

Zip Code

07728-9313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2012

**Transaction ID : C1858173**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Heidi M Bittner MD**

Mailing Address 304 15Th Ave Se

PO Box 9037

City

Devils Lake

State

ND

Zip Code

58301-7000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Altru Clinic Lake region

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2012

**Transaction ID : C1854059**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1365.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Reid B Blackwelder MD**

Mailing Address 4407 Leedy Rd  
201 Cassel Dr

City Kingsport State TN Zip Code 37664-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Quillen College of Medicine

Occupation

Professor, Family Medicine

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 10 / 2012

**Transaction ID : C1865369**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Karla L Booker MD**

Mailing Address 3945 Cranbrook Ct Nw

City Lilburn State GA Zip Code 30047-2696

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Morehouse

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 22 / 2012

**Transaction ID : C1854061**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Julia Lett Boothe MD**

Mailing Address 14670 Bel Aire Est

City Coker State AL Zip Code 35452-3514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pickens County Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

10 / 31 / 2012

**Transaction ID : C1861196**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

965.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
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 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Julia Lett Boothe MD**

Mailing Address 14670 Bel Aire Est

City	State	Zip Code
Coker	AL	35452-3514

FEC ID number of contributing federal political committee.

C

Name of Employer

Pickens County Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2012			

Transaction ID : C1866577

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Robert C M Bourne MD**

Mailing Address 1538 Dwight St

City	State	Zip Code
Redlands	CA	92373-7013

FEC ID number of contributing federal political committee.

C

Name of Employer

Beaver Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2012			

Transaction ID : C1859275

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**C. June G Bredin MD**

Mailing Address 4924 153rd PI SW

City	State	Zip Code
Edmonds	WA	98026-4435

FEC ID number of contributing federal political committee.

C

Name of Employer

Sate of Washington DSHS

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2012			

Transaction ID : C1853512

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

435.42

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. June G Bredin MD**

Mailing Address 4924 153rd PI SW

City  
Edmonds

State  
WA

Zip Code  
98026-4435

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sate of Washington DSHS

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

11 / 22 / 2012

Transaction ID : C1870084

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Neil Hurst Brooks MD**

Mailing Address 36 Duncaster Ln

City

Vernon Rockville

State

CT

Zip Code

06066-4830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vernon Manor

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 22 / 2012

Transaction ID : C1853837

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Ellen Sandra Brull MD**

Mailing Address 830 Arbor Ln

City

Glenview

State

IL

Zip Code

60025-3234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Family Medicine Associates of Lutheran

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.60

Date of Receipt

11 / 09 / 2012

Transaction ID : C1864712

Amount of Each Receipt this Period

83.40

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

623.40

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 65  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Angela Caffaratti MD**

Mailing Address 345 Delegate Dr

City State Zip Code  
Columbus OH 43235-1470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MT CARMEL MEDICAL GROUP

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2012

**Transaction ID : C1859245**

Amount of Each Receipt this Period

33.33

Full Name (Last, First, Middle Initial)

**B. Cory D Carroll MD**

Mailing Address 1040 E Elizabeth St Ste 2

City State Zip Code  
Fort Collins CO 80524-3952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 17 / 2012

**Transaction ID : C1875042**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Lee Marvin Carter MD**

Mailing Address PO BOX 506

City State Zip Code  
Huntingdon TN 38344-0506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2012

**Transaction ID : C1860103**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

153.33



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 65  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Brian Clifford Carty MD**

Mailing Address 6215 Windham Hill Run

City State Zip Code  
 Kingstowne VA 22315-3725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Telegraph Corner Family Medicine, PC

Occupation  
 Physician-Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 22 2012

**Transaction ID : C1853838**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Yushu Jack Chou MD**

Mailing Address 2691 E California Blvd

City State Zip Code  
 San Marino CA 91108-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Southern California Permanente Medical

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 23 2012

**Transaction ID : C1856228**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Sharon Marie Colton MD**

Mailing Address PO Box 39

City State Zip Code  
 Evarts KY 40828-0039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Clover Park Clinic

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 30 2012

**Transaction ID : C1860214**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

895.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Steven A Crawford MD**

Mailing Address 900 NE 10th St

OU Physicians Family Medicine Cent

City	State	Zip Code
Oklahoma City	OK	73104-5420

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Oklahoma

Occupation

Physician Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3666.74

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	16	/	2012

**Transaction ID : C1875041**

Amount of Each Receipt this Period

333.34

Full Name (Last, First, Middle Initial)

**B. Patricia A Czapp MD**

Mailing Address 102 Melvin Ave

City	State	Zip Code
Annapolis	MD	21401-1221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anne Arundel Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	18	/	2012

**Transaction ID : C1850438**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. John D Davis MD**

Mailing Address 171 Honey Creek Ranch Rd

City	State	Zip Code
Hunt	TX	78024-3080

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FAMILY PRACTICE ASSOC, PA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	05	/	2012

**Transaction ID : C1861726**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1198.34

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. John Eugene Delzell MD**

Mailing Address 3901 Rainbow Blvd # 4010

St Francis Fam Prac Residency

City State Zip Code  
 Kansas City KS 66160-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Francis Fam Prac Residency

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 20 / 2012

**Transaction ID : C1868958**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. L Allen Dobson MD**

Mailing Address 599 Jackson St

City State Zip Code  
 Mt Pleasant NC 28124-9738

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cabarrus Family Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2012

**Transaction ID : C1858192**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

## **c. Shannon Brown Dowler MD**

Mailing Address 107 Windgate Pl

City State Zip Code  
 Asheville NC 28805-1181

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Blue Ridge Community Health Services

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2012

**Transaction ID : C1858171**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1230.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 20 OF 65  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Thomas P Fantes MD**

Mailing Address 40 John Kesson Ln

City State Zip Code  
Middletown RI 02842-4663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2012

**Transaction ID : C1859229**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Doreen E Feldhouse MD**

Mailing Address 1043 Sir James Ave

City State Zip Code  
Dyersburg TN 38024-7344

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Family Care, PC

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 08 / 2012

**Transaction ID : C1862299**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. David Richard Field Field**

Mailing Address 2021 W Harbor Dr

City State Zip Code  
Bismarck ND 58504-8913

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

MedCenterOne

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 22 / 2012

**Transaction ID : C1859230**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

180.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James G Fieseher MD**

Mailing Address 330 Borthwick Ave Ste 210

City State Zip Code  
 Portsmouth NH 03801-7111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 31 2012

**Transaction ID : C1861197**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Wanda D Filer MD**

Mailing Address 510 Aqua Ct

City State Zip Code  
 York PA 17403-3623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Strategic Health Institute

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 31 2012

**Transaction ID : C1865656**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Bradley P Fox MD**

Mailing Address 5770 Ruhl Rd

City State Zip Code  
 Fairview PA 16415-2533

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

St. Vincent Health System

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 24 2012

**Transaction ID : C1858184**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1080.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jennifer Emma Frank MD**

Mailing Address 1380 Lusitana St Ste 904

City

Honolulu

State

HI

Zip Code

96813-2448

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Hawaii

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2012

**Transaction ID : C1861168**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Deborah Geismar Md Geismar MD**

Mailing Address 822 Monroe St

City

Evanston

State

IL

Zip Code

60202-2615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Family Medicine Associates of Lutheran

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2012

**Transaction ID : C1861492**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Dennis Lynn Gingrich MD**

Mailing Address HMC, FAMILY MEDICINE, H154  
500 University Dr

City

Hershey

State

PA

Zip Code

17033-2360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Penn State University

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 24 / 2012

**Transaction ID : C1858185**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1030.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Roland Adolph Goertz MD**

Mailing Address 1600 Providence Dr

City

Waco

State

TX

Zip Code

76707-2261

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Family Practice Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

11 / 03 / 2012

**Transaction ID : C1861813**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Deborah V Goodwin MD**

Mailing Address 9521 Bottle Creek Ln

City

Las Vegas

State

NV

Zip Code

89117-0501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ. Medical Center, Southern Nevada

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

10 / 18 / 2012

**Transaction ID : C1849978**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Victoria Ann Gorski MD**

Mailing Address 3544 Jerome Ave

City

Bronx

State

NY

Zip Code

10467-1005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 05 / 2012

**Transaction ID : C1861728**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robert Graham MD**

Mailing Address 1135 Fort View PI

City

Cincinnati

State

OH

Zip Code

45202-1713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

George Washington Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 12 / 2012

Transaction ID : C1866582

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Michael H Hartsell MD**

Mailing Address 1404 Tusculum Blvd  
 MOB # 3 Suite 2100

City

Greeneville

State

TN

Zip Code

37745-4329

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Summit Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1365.00

Date of Receipt

11 / 12 / 2012

Transaction ID : C1866583

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Jeffrey Allen Harwood MD**

Mailing Address PO BOX 125  
 187 West Main Street

City

New London

State

OH

Zip Code

44851-0125

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 22 / 2012

Transaction ID : C1854076

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

830.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lori J Heim MD**

Mailing Address 250 Hollybrook Farm Ln

City

State

Zip Code

Vass

NC

28394-8952

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Scotland Memorial Hospital

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

784.00

Date of Receipt

10 / 30 / 2012

Transaction ID : C1860215

Amount of Each Receipt this Period

112.00

Full Name (Last, First, Middle Initial)

**B. Daniel J Heinemann MD**

Mailing Address 1305 W 18th St

City

State

Zip Code

Sioux Falls

SD

57105-0401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Sioux Valley Health Systems

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3100.00

Date of Receipt

10 / 18 / 2012

Transaction ID : C1865651

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Mikel D Holland MD**

Mailing Address 100 Mac Ln

City

State

Zip Code

Pierre

SD

57501-3391

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Avera Medical Group Pierre

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 31 / 2012

Transaction ID : C1861169

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

512.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Joseph M Jeu MD**

Mailing Address 3958 Leap Rd Ste 101

City State Zip Code  
Hilliard OH 43026-3107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hilliard Family Medicine, Inc.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 22 / 2012

**Transaction ID : C1853841**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Carol Ann Johnson MD**

Mailing Address 5303 E 46th St N

City State Zip Code  
Bel Aire KS 67220-1400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Family Physicians of Kansas

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2012

**Transaction ID : C1866626**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. David Andrew Johnson MD**

Mailing Address 1286 Santa Fe Ct

City State Zip Code  
Minden NV 89423-8899

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carson Tahoe Physicians Clinic

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2012

**Transaction ID : C1850440**

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

927.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David Andrew Johnson MD**

Mailing Address 1286 Santa Fe Ct

City

Minden

State

NV

Zip Code

89423-8899

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carson Tahoe Physicians Clinic

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.50

Date of Receipt

11 / 18 / 2012

Transaction ID : C1868837

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

**B. Jessica Johnson**

Mailing Address 38 Hall St

City

Newington

State

CT

Zip Code

06111-2553

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Medical Student

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

11 / 15 / 2012

Transaction ID : C1868499

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**c. Philip Kaplan MD**

Mailing Address 4303 Watervale Rd

City

Manlius

State

NY

Zip Code

13104-8413

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 25 / 2012

Transaction ID : C1859274

Amount of Each Receipt this Period

240.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

352.50

**TOTAL** This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James Darrel King MD**

Mailing Address 270 E Court Ave  
Ste B

City State Zip Code  
Selmer TN 38375-2304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Primecare Medical Center

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2012

**Transaction ID : C1850953**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Thomas A Kintanar MD**

Mailing Address 10020 Dupont Circle Ct Ste 110

City State Zip Code  
Fort Wayne IN 46825-1621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Associated Family Medical Consultants

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 24 / 2012

**Transaction ID : C1858064**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**c. Laura C Knobel MD**

Mailing Address 3 Freedom Way

City State Zip Code  
Walpole MA 02081-2290

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 17 / 2012

**Transaction ID : C1868791**

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

765.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Marianne C LaBarbera MD**

Mailing Address 1776 Richmond Rd

City

Staten Island

State

NY

Zip Code

10306-2578

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.34

Date of Receipt

10 / 23 / 2012

Transaction ID : C1856079

Amount of Each Receipt this Period

45.62

Full Name (Last, First, Middle Initial)

**B. Marianne C LaBarbera MD**

Mailing Address 1776 Richmond Rd

City

Staten Island

State

NY

Zip Code

10306-2578

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.34

Date of Receipt

11 / 23 / 2012

Transaction ID : C1870100

Amount of Each Receipt this Period

45.62

Full Name (Last, First, Middle Initial)

**C. C Tim Lambert MD**

Mailing Address 1905 Chapel Cv  
Ste 340

City

Rowlett

State

TX

Zip Code

75088-1571

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baylor Family Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 18 / 2012

Transaction ID : C1850951

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

456.24

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jay Won Lee MD**

Mailing Address 450 E Spring St Ste 1

City

Long Beach

State

CA

Zip Code

90806-1625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UC Irvine School of Medicine

Occupation

Associate Clinical Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 23 / 2012

Transaction ID : C1857660

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. John Lentini DO**

Mailing Address 382 Grove St

City

Braintree

State

MA

Zip Code

02184-7324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Braintree Fam Physicians

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 23 / 2012

Transaction ID : C1855760

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Paula Leonard-Schwartz MD**

Mailing Address 121 Madeline Rd

City

Manchester

State

NH

Zip Code

03104-2017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Catholic Medican Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 23 / 2012

Transaction ID : C1854570

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1730.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Patricia Jean Lindholm MD**

Mailing Address 615 S Mill St

City

Fergus Falls

State

MN

Zip Code

56537-2756

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lake Region Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2012

**Transaction ID : C1860216**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**B. Andrew Lutzkanin**

Mailing Address 1835 Blacklatch Ln

City

Middletown

State

PA

Zip Code

17057-2984

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Reading Hosp Reading Hlth Sys

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 24 / 2012

**Transaction ID : C1858110**

Amount of Each Receipt this Period

36.50

Full Name (Last, First, Middle Initial)

**C. Andrew Lutzkanin**

Mailing Address 1835 Blacklatch Ln

City

Middletown

State

PA

Zip Code

17057-2984

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Reading Hosp Reading Hlth Sys

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 24 / 2012

**Transaction ID : C1870118**

Amount of Each Receipt this Period

36.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

448.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Colleen C Lyons MD**

Mailing Address 2874 N Carson St Ste 127

City State Zip Code  
 Carson City NV 89706-1681

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Family Medicine Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

11 / 20 / 2012

Transaction ID : C1868957

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

## **B. Ada Maria Marin MD**

Mailing Address PO BOX 177109

City State Zip Code  
 San Diego CA 92177-0109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Metro Family Physicians Medical Group,

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 21 / 2012

Transaction ID : C1870258

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. Renee L Markovich MD**

Mailing Address Akron General Center for Family Me  
 400 Wabash Ave

City State Zip Code  
 Akron OH 44307-2433

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Akron General Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 22 / 2012

Transaction ID : C1854103

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1165.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Pamela H McDonald MD**

Mailing Address 6056 44th Ave NE

City  
Seattle

State  
WA

Zip Code  
98115-7514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 09 / 2012

Transaction ID : C1864106

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. John S Meigs MD**

Mailing Address PO Box 289

100 Serendipity Dr

City  
Brent

State  
AL

Zip Code  
35034-0289

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

10 / 18 / 2012

Transaction ID : C1850139

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**c. John S Meigs MD**

Mailing Address PO Box 289

100 Serendipity Dr

City  
Brent

State  
AL

Zip Code  
35034-0289

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

10 / 25 / 2012

Transaction ID : C1859277

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John S Meigs MD**

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2012

**Transaction ID : C1859278**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. John S Meigs MD**

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2012

**Transaction ID : C1861209**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**c. John S Meigs MD**

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 09 / 2012

**Transaction ID : C1865021**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John S Meigs MD**

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2012

**Transaction ID : C1868968**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Andrew J Merritt MD**

Mailing Address 28 1/2 E Main St

City

Marcellus

State

NY

Zip Code

13108-1226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self -Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 24 / 2012

**Transaction ID : C1858174**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**c. F Bradford Bradford Meyers MD**

Mailing Address PO Box 414

152 W Garland St

City

Jefferson

State

WI

Zip Code

53549-0414

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rockwood Family Health LLC

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2012

**Transaction ID : C1868737**

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Elisaebth Fowlie Fowlie Mock MD**

Mailing Address 46 Clark Hill Rd

City

Holden

State

ME

Zip Code

04429-7253

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eastern Maine Medical Center

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 28 / 2012

Transaction ID : C1860123

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Anne M Montgomery MD**

Mailing Address 1708 S Martin St

City

Spokane

State

WA

Zip Code

99203-3751

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 20 / 2012

Transaction ID : C1853211

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. I Elaine Moore MD**

Mailing Address 311 8th Ave

City

Saint Albans

State

WV

Zip Code

25177-2855

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 22 / 2012

Transaction ID : C1853510

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1115.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jennifer Leigh Mullendore MD**

Mailing Address 175 S Lexington Ave Unit 206

City State Zip Code  
 Asheville NC 28801-3628

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Buncombe County

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 12 / 2012

**Transaction ID : C1862289**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Susan Murphey MD**

Mailing Address 151 Eastbrook Dr

City State Zip Code  
 Boone NC 28607-3667

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 14 / 2012

**Transaction ID : C1866606**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**c. LeeAnna Irvine Muzquiz MD**

Mailing Address 38580 Dubai Road

City State Zip Code  
 Polson MT 59860-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Confederated Salish & Kootenai Tribes

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 22 / 2012

**Transaction ID : C1854101**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1095.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Julio E Navarro MD**

Mailing Address 927 Mather Dr

City

State

Zip Code

Bear

DE

19701-4945

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Horizons Family Practice PA

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2012

**Transaction ID : C1857663**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Gwendolyn A Oran MD**

Mailing Address 295 Lakepoint Pl N  
Apt 244

City

State

Zip Code

Keizer

OR

97303-8319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Kaiser Permanente

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2012

**Transaction ID : C1861171**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. Javette C Orgain MD**

Mailing Address PO Box 806527

City

State

Zip Code

Chicago

IL

60680-4126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

UNIVERSITY OF ILLINOIS COLLEGE OF MED

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2012

**Transaction ID : C1860104**

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1225.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Maureen O Padden MD, MPH**

Mailing Address 2300 E St Nw

Bureau Of Medicine And Surgery

City

Washington

State

DC

Zip Code

20372-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US Navy

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 02 / 2012

**Transaction ID : C1875040**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. Adriana Rose Padilla MD**

Mailing Address 845 W Princeton Ave

City

Fresno

State

CA

Zip Code

93705-4533

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 05 / 2012

**Transaction ID : C1861736**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Cornell Peters MD**

Mailing Address 1051 Pio Nono Ave Ste A

Macon Family Health Center

City

Macon

State

GA

Zip Code

31204-4016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Macon Family Health Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2012

**Transaction ID : C1861208**

Amount of Each Receipt this Period

91.25

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

176.25

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Larry Pheifer**

Mailing Address 210 Green Bay Rd

Executive Dir WI AFP

City

Thiensville

State

WI

Zip Code

53092-1616

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Chapter Executive

Occupation

WI AFP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2012

**Transaction ID : C1858190**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Kami S Phillips MD**

Mailing Address 25 Fieldstone Dr

City

Gardner

State

MA

Zip Code

01440-1283

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2012

**Transaction ID : C1855759**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Francis L Pisney MD**

Mailing Address 322 1/2 College Ave

City

Iowa Falls

State

IA

Zip Code

50126-2106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ellsworth Hospital

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 05 / 2012

**Transaction ID : C1861737**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1095.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Christine C Ponzio MD**

Mailing Address PO Box 646

1007 Iverson Circle

City

Salinas

State

CA

Zip Code

93902-0646

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gonzales Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 20 / 2012

Transaction ID : C1868955

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Michelle Quiogue MD**

Mailing Address 2460 Pine St

City

Bakersfield

State

CA

Zip Code

93301-2742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KP-SCPMG

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

10 / 18 / 2012

Transaction ID : C1850439

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**c. Michelle Quiogue MD**

Mailing Address 2460 Pine St

City

Bakersfield

State

CA

Zip Code

93301-2742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KP-SCPMG

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

11 / 18 / 2012

Transaction ID : C1868836

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

310.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Sterling N Ransone MD**

Mailing Address 151 Deer Path  
P O Box 711

City State Zip Code  
Cobbs Creek VA 23035-0711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Riverside Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 24 / 2012

**Transaction ID : C1858188**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

## **B. Raymond Randolph Reese MD**

Mailing Address 1108 Terrell St

City State Zip Code  
Cuero TX 77954-3458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2012

**Transaction ID : C1861193**

Amount of Each Receipt this Period

92.00

Full Name (Last, First, Middle Initial)

## **C. Leonard Daniel Reeves MD**

Mailing Address GA Health Sciences Univ MCG NW GA  
Heritage hall 415 E Third Avenue

City State Zip Code  
Rome GA 30161

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GHSU

Occupation

Physician-Asst Dean

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2012

**Transaction ID : C1855761**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

957.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael S Reeves MD**

Mailing Address 10821 Forest Dr

City

Anchorage

State

AK

Zip Code

99516-1393

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical Park Family Care

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2012

**Transaction ID : C1861179**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Kenneth K Renwick MD**

Mailing Address PO BOX 190

City

Soulsbyville

State

CA

Zip Code

95372-0190

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Indian Health Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 12 / 2012

**Transaction ID : C1862291**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Randy J Rice MD**

Mailing Address 4570 County Road 61

City

Moose Lake

State

MN

Zip Code

55767-9401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gateway Family Health Clininc

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 24 / 2012

**Transaction ID : C1858149**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

815.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Elisabeth L Righter MD**

Mailing Address 267 Park Dr

City

Dayton

State

OH

Zip Code

45410-1315

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wright State University BSM

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.66

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2012

**Transaction ID : C1854548**

Amount of Each Receipt this Period

333.33

Full Name (Last, First, Middle Initial)

**B. Elisabeth L Righter MD**

Mailing Address 267 Park Dr

City

Dayton

State

OH

Zip Code

45410-1315

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wright State University BSM

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.66

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 23 / 2012

**Transaction ID : C1870101**

Amount of Each Receipt this Period

333.33

Full Name (Last, First, Middle Initial)

**c. Glenn Sumner Rodriguez MD**

Mailing Address 0235 SW Canby St

City

Portland

State

OR

Zip Code

97219-2947

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Providence Health Services

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2012

**Transaction ID : C1858182**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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1166.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Daniel E Roth MD**

Mailing Address 410 30th St

City

San Francisco

State

CA

Zip Code

94131-2307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Family Practice

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 22 / 2012

**Transaction ID : C1853509**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Paul David Salzberg MD**

Mailing Address PO BOX 898

City

Callicoon

State

NY

Zip Code

12723-0898

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2012

**Transaction ID : C1865370**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Sarah L Sams MD**

Mailing Address 2994 Frazell Rd

City

Hilliard

State

OH

Zip Code

43026-9785

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 20 / 2012

**Transaction ID : C1865653**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

505.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sarah L Sams MD**

Mailing Address 2994 Frazell Rd

City  
Hilliard

State  
OH

Zip Code  
43026-9785

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2012

**Transaction ID : C1875043**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Lise K Satterfield MD**

Mailing Address 1905 Corbridge Ln

City

Monkton

State

MD

Zip Code

21111-2027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Clinical Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2012

**Transaction ID : C1868953**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Madalyn Schaefer MD**

Mailing Address 1025 Newgate Dr

City

Allentown

State

PA

Zip Code

18103-9263

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lehigh Valley Physician Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2012

**Transaction ID : C1858183**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

715.00

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Christine C Schaller MD**

Mailing Address 77 Poplar Dr

City State Zip Code  
 Grangeville ID 83530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Valley Medical Center

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 12 / 2012

**Transaction ID : C1862292**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Erika Schillinger MD**

Mailing Address PO Box 620685

City State Zip Code  
 Woodside CA 94062-0685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Stanford University

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 21 / 2012

**Transaction ID : C1870327**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Paula L Schultz MD**

Mailing Address PO BOX 729

City State Zip Code  
 Woodville TX 75979-0729

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Self-Employed

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 20 / 2012

**Transaction ID : C1868949**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Larry A Severa MD**

Mailing Address 61 Calendula Ct

City  
Billings

State  
MT

Zip Code  
59105-2379

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Billings Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 24 / 2012

Transaction ID : C1858153

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Linda Marie Siy MD**

Mailing Address 4133 Bilglade Rd

City

Fort Worth

State

TX

Zip Code

76109-5436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of North Texas Health Scien

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.00

Date of Receipt

10 / 30 / 2012

Transaction ID : C1860213

Amount of Each Receipt this Period

36.50

Full Name (Last, First, Middle Initial)

**C. Lisa Gail Soldat MD**

Mailing Address 6940 NW Beaver Dr

City

Johnston

State

IA

Zip Code

50131-1246

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Broadlawns Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

11 / 19 / 2012

Transaction ID : C1869058

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

451.50



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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Windel A Stracener MD**

Mailing Address 1333 Hunters Pointe Dr

City

Richmond

State

IN

Zip Code

47374-7184

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inpatient Management Inc

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1312.50

Date of Receipt

11 / 08 / 2012

Transaction ID : C1862298

Amount of Each Receipt this Period

187.50

Full Name (Last, First, Middle Initial)

**B. Michael P Temporal MD**

Mailing Address 180 S 3Rd St Ste 400

City

Belleville

State

IL

Zip Code

62220-1952

FEC ID number of contributing  
federal political committee.

C

Name of Employer

So. Illinois Healthcare Foundation

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

11 / 13 / 2012

Transaction ID : C1865570

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. William James Thrift MD**

Mailing Address 2501 N Woodland Hills Dr

City

Prescott

State

AZ

Zip Code

86305-4096

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed - Emergency Medical Cont

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 23 / 2012

Transaction ID : C1857661

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

602.50

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kimberly L Tjaden MD**

Mailing Address 1490 Riverside Ave N

City State Zip Code  
 Sartell MN 56377-2348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 25 2012

**Transaction ID : C1859239**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Pamela W Tuck MD**

Mailing Address 4135 Atlanta Hwy

City State Zip Code  
 Montgomery AL 36109-3022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 08 2012

**Transaction ID : C1862297**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Lisa Maria Ward MD**

Mailing Address 1223 Janet Way

City State Zip Code  
 Santa Rosa CA 95405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

UC Davis

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 31 2012

**Transaction ID : C1861175**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. E Mark Watts MD**

Mailing Address 2726 Cornwallis Ave SE

City State Zip Code  
 Roanoke VA 24014-3342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Cavalier Faculty Medicine

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 21 / 2012

**Transaction ID : C1870346**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. Lise S Weisberger MD**

Mailing Address 9509 Kedvale Ave

City State Zip Code  
 Skokie IL 60076-1424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Advocate Health Family Practice

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 20 / 2012

**Transaction ID : C1868964**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **c. Shawn Harper Dic West MD**

Mailing Address 7315 212th St Sw Ste 101

EDMONDS FAMILY MEDICINE

City State Zip Code  
 Edmonds WA 98026-7610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Puget Sound Family Physicians

Occupation  
 Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2012

**Transaction ID : C1861176**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

515.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richard Andre Wherry MD**

Mailing Address 59 Tipton Dr

City State Zip Code  
Dahlonega GA 30533-1603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chestatee Regional Hospital

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 17 / 2012

**Transaction ID : C1868792**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Patricia R Witte MD**

Mailing Address 335 W Doty St  
Apt 302

City State Zip Code  
Madison WI 53703-3147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Group Health Cooperative

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 14 / 2012

**Transaction ID : C1866611**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

500.00

**TOTAL** This Period (last page this line number only)..... ►

33440.64

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. American Academy of Family Physicians**

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

8083.50

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 18 / 2012

**Transaction ID : C1850952**

Amount of Each Receipt this Period

58.23

Full Name (Last, First, Middle Initial)

## **B. American Academy of Family Physicians**

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

8083.50

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 13 / 2012

**Transaction ID : C1888071**

Amount of Each Receipt this Period

662.83

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

721.06

721.06

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

Age Group	Percentage
18-24	101.16
25-34	~100.00
35-44	~100.00
45-54	~100.00
55-64	~100.00
65-74	~100.00
75-84	~100.00
85+	~100.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Category/  
Type

81.58

Three 7-segment displays showing the date 10/30/2012 in MM/DD/YYYY format. The first display shows '10' with 'M' labels above the segments. The second display shows '30' with 'D' labels above the segments. The third display shows '2012' with 'Y' labels above the segments.

Category/  
Type

7.95

The first grid shows the number 11, with 'M' in the top-left and top-right positions. The second grid shows the number 01, with 'D' in the top-left and top-right positions. The third grid shows the number 2012, with 'Y' in the top-left, top-middle, top-right, and top-far-right positions.

Category/  
Type

4.06

93.59



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Category/  
Type

Age Group	Percentage
18-24	~15%
25-34	~15%
35-44	~15%
45-54	~15%
55-64	~15%
65-74	13.81
75-84	~15%
85+	~15%

Category/  
Type

12.03

The image shows three 3x3 grids, each representing a number using the letters M, D, and Y. The first grid shows the number 11, with 'M' in the top-left and top-right positions, and '11' in the center. The second grid shows the number 13, with 'D' in the top-left and top-right positions, and '13' in the center. The third grid shows the number 2012, with 'Y' in the top-left, top-middle, top-right, and middle-right positions, and '2012' in the center.

Category/  
Type

Food Type	Number of People
Vegetables	10
Fruits	8
Grains	5
Meat	3

29.09



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Age Group	Percentage
18-24	0.15
25-34	0.25
35-44	0.20
45-54	0.15
55-64	0.10
65-74	0.05
75-84	0.02
85+	0.02

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

The three grids are separated by slashes. The first grid shows '11' with 'M' in the top-left and top-right cells. The second grid shows '01' with 'D' in the top-left and top-right cells. The third grid shows '2012' with 'Y' in the top-left, top-right, middle-right, and bottom-right cells.

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

424.93

426.88

714.48

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 60 OF 65

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. CHRISTIE VILSACK FOR IOWA**

Mailing Address PO Box 641

City	State	Zip Code
Ames	IA	50010-0641

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Ms. Christie Vilsack**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2012

**Transaction ID : D138651**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. JOHN S FUND**Mailing Address 499 S Capitol St SW  
Ste 420

City	State	Zip Code
Washington	DC	20003-4027

Purpose of Disbursement  
Campaign contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2012

**Transaction ID : D138649**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. PAC TO THE FUTURE**Mailing Address 700 13th St NW  
Ste 600

City	State	Zip Code
Washington	DC	20005-3960

Purpose of Disbursement  
Voided check

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2012

**Transaction ID : D138580**

Amount of Each Disbursement this Period

-5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-1000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 61 OF 65

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. PAC TO THE FUTURE**Mailing Address 700 13th St NW  
Ste 600

City Washington State DC Zip Code 20005-3960

Purpose of Disbursement  
Campaign contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2012

**Transaction ID : D138581**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. CATHY MCMORRIS RODGERS FOR CONGRESS**

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Cathy McMorris Rodgers**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2012

**Transaction ID : D138650**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.**

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement  
Campaign contribution -- runoff

Candidate Name

**Rep. Charles Boustany Jr.**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: LA District: 07

Runoff

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2012

**Transaction ID : D139029**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 62 OF 65

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. WHITFIELD FOR CONGRESS COMMITTEE**

Mailing Address P.O. BOX 391

City	State	Zip Code
HOPKINSVILLE	KY	42241

Purpose of Disbursement  
Campaign contribution

Candidate Name

Rep. Edward Whitfield

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2012

Transaction ID : D138653

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. STIVERS FOR CONGRESS**

Mailing Address 4679 Winterset Drive

City	State	Zip Code
Columbus	OH	43220

Purpose of Disbursement  
campaign contributon

Candidate Name

Rep. Steve Stivers

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2012

Transaction ID : D138652

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. GRAVES FOR CONGRESS**

Mailing Address PO BOX 335

City	State	Zip Code
CALHOUN	GA	30703

Purpose of Disbursement  
Campaign contribution

Candidate Name

Rep. Tom Graves

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2012

Transaction ID : D138654

Amount of Each Disbursement this Period

2000.00
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SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00
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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Academy of Family Physicians Political Action Committee

Category/  
Type

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

State: KY District: 00

2500.00

Category/  
Type

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

State: KY District: 00

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

5000.00

20500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 64 OF 65

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr. Salvatore Bernardo Md Bernardo MD**

Mailing Address 131 Pin Oak Rd

City	State	Zip Code
Freehold	NJ	07728-9313

Purpose of Disbursement  
Refund of incorrectly entered donation

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	14	/	2012

**Transaction ID : D139045**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Dr. Patricia A Czapp MD**

Mailing Address 102 Melvin Ave

City	State	Zip Code
Annapolis	MD	21401-1221

Purpose of Disbursement  
Refund of contribution made on 10.18.12

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	31	/	2012

**Transaction ID : D138718**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. Dr. Michael Wayne Montesi MD**Mailing Address 810 E Sunflower Rd  
Ste 100A

City	State	Zip Code
Cleveland	MS	38732-2828

Purpose of Disbursement  
Refund for donation incorrectly entered on 10.17.12

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	22	/	2012

**Transaction ID : D138469**

Amount of Each Disbursement this Period

365.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1365.00
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